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ABSTRACT

Surveys of the nation's jail and prison populations suggest that about 75% have used illicit drugs at one time or another. Incidence rates for Acquired Immune Deficiency Syndrome (AIDS) cases among prison inmates is much higher in correctional systems than in the population as a whole. In this study an AIDS prevention and education program for prison parolees with histories of intravenous (IV) drug use (ARRIVE) was evaluated. The program involved 8 weeks of training with 24 two-hour training sessions. Subjects included 320 males and 74 females. Program graduates (N=141) were compared with a comparable group of parolees (N=96) who did not participate in ARRIVE. Followup interviews were conducted 10 months after release into the community. The results showed that the ARRIVE program had a significant positive impact on the major outcome measures (drug use behaviors, sexual practices, knowledge of AIDS transmission and risk behaviors, attitudes towards AIDS and employment in AIDS prevention settings). This training model seems to have the potential for broader application among prison and parole populations. The ARRIVE model could function as an outpatient transitional program for parolees that are at-risk for Human Immunodeficiency Virus infection due to prior histories of IV drug use. Post-release residential drug abuse treatment is not an option for the great majority of paroled addicts. (Author/ABL)

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Evaluation of an AIDS Prevention Program for "At Risk" Parolees

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ABSTRACT

An AIDS prevention and education program for prison parolees with histories of IV drug use (acronym, ARRIVE) was evaluated. The program involved 8 weeks of training with twenty-four 2 hour training sessions. Subjects included males (320) and females (74). Program graduates (n=141) were compared with a comparable group of parolees (n=96) who did not participate in ARRIVE. Follow-up interviews were conducted 10 months after release into the community. The results showed that the ARRIVE program had a significant positive impact on the major outcome measures (drug use behaviors, sexual practices, knowledge of AIDS transmission and risk behaviors, attitudes towards AIDS and employment in AIDS prevention settings).

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Statement of the Problem

Surveys of the nation's jail and prison populations suggest that about 75% have used illicit drugs at one time or another. About 25% have reported being under the influence of an illicit drug when committing the crime leading to incarceration (Flanagan and McGarrell, 1986). Research on male arrestees in New York City found that one-half had heroin and/or cocaine in their urines at the time of booking (Wish et al., 1984). About one-half of these drug-positive arrestees reported that their drugs were administered intravenously. There are about 650,000 prison inmates in the United States and about 200,000 are released to parole supervision each year (Bureau of Justice Statistics, 1988). Since available data indicate that about 25% of these parolees were intravenous (IV) drug users prior to incarceration (New York State Department of Corrections, 1986), then 50,000 parolees annually are re-entering the community at high risk of resuming IV drug use and consequently of contracting and/or transmitting HIV.

As of 1986, there had been some 1,300 AIDS cases among prison inmates nationwide. Incidence rates per 100,000 inmates (ranging up to 215) are generally much higher in correctional systems than in the U.S. population as a whole, apparently because of the concentration in inmate populations of persons with demographic, ethnic and behavioral characteristics closely associated with AIDS and the behaviors that place one at risk for contracting HIV (e.g., IV drug use). As might be expected, most correctional AIDS cases

occur in those states (New York and New Jersey) where HIV infection is pervasive among IV drug users.

There have been very few AIDS prevention programs designed specifically for prison parolees. The need for AIDS preventive at the time inmates are released to the community, were temptations and to resume drug use as well as practice high-risk sex is critical. Thus, there is a need to develop AIDS prevention programs for formerly addicted parolees who are experiencing the change and stress that is a part of reintegration into local communities.

Through a three-year (9/1/87-8/31/90) grant from the National Institute on Drug Abuse, Narcotic and Drug Research, Inc. (located in New York City) has designed, implemented and evaluated an AIDS prevention and education program for prison parolees with histories of IV drug use (acronym, ARRIVE).

Subjects

ARRIVE staff interviewed 394 persons on parole or about to be paroled from state prisons in the New York City metropolitan area. The sample had an average age of about 35, was 81% male, and 57% black. All had histories of IV drug use; 63% had used IV drugs during the six months prior to the initial (baseline) interview.

Design

The program involved training cycles consisting of 2 hour sessions 3 times a week for 8 weeks. ARRIVE addressed the special needs of newly-paroled former IV drug users and was based on the integration of three human change models: a social learning approach to prevention (emphasizing behavioral skill training, learned resistance techniques and responsible life-style change); a self-help orientation (which places responsibility for problem-solving with the individual); and a therapeutic community orientation (which utilizes credible role models, rewards for positive behaviors and development of peer support networks).

The ARRIVE training topics included: defining HIV, AIDS and ARC; AIDS transmission, prevention and risk reduction; AIDS, condom use and drug paraphernalia; needs of persons with AIDS and those at risk; clinical symptoms of AIDS; HIV testing and interpretation of test results; defining and creating a support group; anxiety and stress reduction methods; dealing with anger and powerlessness; approaches to drug relapse prevention; and differentiating between abstinence and recovery. The ARRIVE training program also offered participants job readiness preparation for entry-level employment in the AIDS outreach/prevention field.

The ARRIVE training intervention was evaluated by comparing program graduates (n=141) with a comparable group of parolees (n=96) who did not participate in the ARRIVE training program[1]. All subjects had undergone a baseline (initial) interview while in prison or shortly after release from prison. Follow-up interviews were conducted on both experimentals and controls, supplemented by urine testing for the presence of heroin and cocaine approximately 10 months after release into the community. The follow-up sample (n=237) represented 81% of those who were eligible and able to be interviewed a second time.

Results

Analyses have focused on comparisons between persons who graduated from the training program and persons who never attended. Dependent (outcome) measures include: IV and non-IV drug use behaviors; sexual behaviors; knowledge of and attitudes towards AIDS; criminality; employment; and treatment program participation. Appropriate covariates were included in analyses of about half of the dependent variables, since assignment to the training program occurred in a voluntary, non-random fashion.

Results showed that attendance in the ARRIVE training program had its most significant impact on clients' sexual behaviors

[1] An additional group of 74 program drop outs are not included in this report.

(adoption of safe sex practices); criminality; employment; and participation in substance abuse treatment programs. Compared with persons who never attended ARRIVE, program graduates were more likely to use condoms on a regular basis; had been employed a significantly higher percentage of time; were less likely to have been arrested; and more likely to have been involved in substance abuse treatment programs such as methadone maintenance, therapeutic community, and alcoholics anonymous programs. In addition, program graduates were more likely to have been tested for HIV and, among those who had never been tested, more willing to be tested for the first time. On the other hand, there were very few significant differences between the two groups with respect to the self-reported use of nine specific drug types; the use of IV drugs generally; or positive rates on urine tests for opiates and cocaine.

Program graduate were significantly more knowledgeable about AIDS transmission and prevention issues than they were before they entered the training program. These knowledge gains are reflected in areas such as: methods of HIV transmission; effects of AIDS on the immune system; HIV testing procedures; condom use; and potential effects of needle-sharing. In addition, a majority of the graduates have reported that the ARRIVE program has helped them to master new behavioral and interpersonal skills; control the urge to "shoot up"; feel more relaxed about taking an AIDS antibody test; become more confident about giving presentations in front of a group; and avoid "negative places and people".

Conclusions

The evaluation demonstrated that the ARRIVE program had a significant impact on the major outcome measures (drug use behaviors, sexual practices, knowledge of AIDS transmission and risk behaviors, attitudes towards AIDS and employment in AIDS prevention settings). Thus, the training model seems to have the potential for broader application among prison and parole populations. An AIDS Prevention Training Manual (and companion

Trainer's Guide) has been Developed to assist those seeking to implement the ARRIVE model in other settings.

The ARRIVE model could function an outpatient transitional program for parolees that are at-risk for HIV infection due to prior histories of IV drug use. Post-release residential drug abuse treatment is not an option for the great majority of paroled addicts. Out patient treatment program usually consists of long-term counseling that does not include AIDS prevention or focus on the needs of newly released inmates.

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